

SEA SERVICE FORM

NAME: _____
(Last) (First) (Middle Init) (Social Security Number)

VESSEL NAME: _____ OFFICIAL NUMBER _____

VESSEL LENGTH _____ (FT) GROSS TONS _____ PROPULSION _____

SERVED AS: _____

VESSEL WAS OPERATED BY THE APPLICANT ON THE FOLLOWING NAVIGABLE WATERS:

BETWEEN _____ AND _____
(Geographical Point) (Geographical Point)

Write in the block under the appropriate month the number of days the applicant operated or served on the vessel listed above.

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
Year - Days	Year - Days	Year - Days	Year - Days	Year - Days	Year - Days
19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____
19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____
19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____
19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Year - Days	Year - Days	Year - Days	Year - Days	Year - Days	Year - Days
19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____
19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____
19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____
19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____	19__ - ____

TOTAL NUMBER OF DAYS THE APPLICANT HAS OPERATED THE VESSEL: _____

Days operated offshore: _____ Days operated on inland waters: _____

Maximum distance offshore: _____ Average number of hours operated per day : _____

APPLICANT'S SIGNATURE: _____ DATE: _____

NOTE: IF THE APPLICANT WAS THE OWNER, THIS VESSEL DURING THE ABOVE PERIODS, PROOF OF OWNERSHIP MUST BE INCLUDED.

TO BE COMPLETED BY THE VESSELS OWNER (IF APPLICANT IS NOT THE OWNER)

OWNERS NAME: _____ PHONE NUMBER: _____

OWNERS ADDRESS: _____

I CERTIFY THAT THE ABOVE INDIVIDUAL HAS SERVED ON THE VESSEL LISTED IN THE CAPACITY STATED. I AM MAKING THIS STATEMENT IN ORDER THAT THE APPLICANT MAY OBTAIN A LICENSE TO OPERATE PASSENGER CARRYING VESSELS UNDER THE PROVISIONS OF TITLE 46 CFR, SUBPART D, AS APPLICABLE. I UNDERSTAND THAT IF I MAKE ANY FALSE OR FRAUDULENT STATMENTS IN THIS CERTIFICATE OF SERVICE, I MAY BE SUBJECT TO A FINE UP TO \$10,000 AND/OR IMPRISONMENT OF UP TO FIVE (5) YEARS.

SUSCRIBED AND SWORN TO BEFORE ME ON _____, 199__
date / month

Signature of Notary Public

Signature of Person attesting to Sea Service

Notary Seal

Commission Expires: _____

Title or relationship to owner